STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

1. TITLE OF NEWSPAPER McPherson Co. Herald

2. DATE 09/24/2024

3. FREQUENCY OF ISSUE Weekly

3A. NO. OF ISSUES PUBLISHED ANNUALLY 50

3B. ANNUAL SUBSCRIPTION PRICE $ $44/$47

4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers)
1203 Moulton Street, Leola, McPherson, SD 57456

5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers)
1203 Moulton Street, Leola, SD 57456

6. FULL NAME OF PUBLISHER: Jeremy Cox

7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.

FULL NAME	COMPLETE MAILING ADDRESS
Jeremy Cox	PO Box 170, Leola, SD 57456

8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.
None

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	367	355
B. PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors, and counter sales.	3	4
2. Mail Subscription (Paid and or requested)	307	294
3. Paid Electronic Copies	24	24
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	334	322
D. FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	13	13
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	0	0
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	347	335
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	20	20
2. Return from News Agents	0	0
G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)	367	355

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:

(Signature)

Owner
(Title)

State of South Dakota)
§
County of McPherson)

JODI L KALLAS
Notary Public
SEAL
South Dakota

(Seal)

Sworn to before me this 24 day of September 20 24

Jodi L. Kallas
Notary Public

My commission expires: 8.25.2026

Form: SOS REC 051 9/2016